

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2017-029599

DATE ISSUED: 07/11/2019

FEE NUMBER: 34515

FIRST AND MIDDLE NAME(S): [REDACTED]

LAST NAME(S): [REDACTED]

COUNTY OF DEATH: KING

DATE OF DEATH: JUNE 27, 2017

HOUR OF DEATH: 11:35 PM

SEX: FEMALE

AGE: 77 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: [REDACTED]

BIRTHPLACE: [REDACTED]

MARITAL STATUS: WIDOWED

SPOUSE: NOT APPLICABLE

OCCUPATION: TEACHER

INDUSTRY: EDUCATION

EDUCATION: BACHELOR'S DEGREE

US ARMED FORCES: NO

INFORMANT: [REDACTED]

RELATIONSHIP: SON

ADDRESS: [REDACTED]

CAUSE OF DEATH:

A: SENILE DEGENERATION OF THE BRAIN

INTERVAL: YEARS

B:

INTERVAL:

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: RIGHT HIP FRACTURE DUE TO
BLUNT FORCE INJURY, HYPERTENSION, GASTROINTESTINAL BLEEDING,
MALIGNANT NEOPLASM OF THE MOUTH

DATE OF INJURY: JUNE 01, 2017

HOUR OF INJURY: 03:00 AM

INJURY AT WORK: UNKNOWN

PLACE OF INJURY: RESIDENCE

LOCATION OF INJURY: 12844 MILITARY ROAD S.

CITY, STATE, ZIP: SEATTLE, WASHINGTON 98168

COUNTY: KING

DESCRIBE HOW INJURY OCCURRED: FALL OUT OF BED

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOSPITAL

FACILITY OR ADDRESS: HIGHLINE MEDICAL CENTER

CITY, STATE, ZIP: BURIEEN, WASHINGTON 98166

RESIDENCE STREET: [REDACTED]

CITY, STATE, ZIP: [REDACTED]

INSIDE CITY LIMITS: YES

COUNTY: KING

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 3 YEARS

FATHER/PARENT: [REDACTED]

MOTHER/PARENT: [REDACTED]

METHOD OF DISPOSITION: [REDACTED]

PLACE OF DISPOSITION: [REDACTED]

CITY, STATE: LAKEWOOD, WASHINGTON

DISPOSITION DATE: JULY 07, 2017

FUNERAL FACILITY: EDWARDS MEMORIAL CENTER

ADDRESS: [REDACTED]

CITY, STATE, ZIP: [REDACTED]

FUNERAL DIRECTOR: JAIME N. MARTEN

MANNER OF DEATH: ACCIDENT

AUTOPSY: NO

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN

PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: NICOLE YARID, MD

TITLE: CORONER/ME

CERTIFIER ADDRESS: 325 NINTH AVENUE, BOX 359792

CITY, STATE, ZIP: SEATTLE, WASHINGTON 98104

DATE SIGNED: JUNE 30, 2017

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: 17-1310

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: ROBBIE GASKIN

DATE RECEIVED: JULY 07, 2017